



BARBARA K. CEGAUSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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Office of the
Secretary of State

Barbara Cegavske

Barbara Cegavske
Elections Division

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
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JStokes
1/12/2016

969

ABOVE SPACE IS FOR OFFICE USE ONLY

- ☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))
- ☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply
- ☐ Change Name ☐ Previous Name of PAC
- ☐ Other:

Name of Committee:

Keep Our Doctors In Nevada

Telephone:

702-589-5131

Mailing Address:

3005 West Horizon Ridge Pkwy, #201

Henderson

NV 89052

Street Name, Number

City

State Zip Code

PAC Active Email Address: rmanthei@nec-nv.com

PURPOSE: Briefly state the purpose for which the PAC was organized.

To stabilize medical malpractice.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Rudy R. Manthei D.O.

Telephone:

702-589-5131

Physical Address:

3005 West Horizon Ridge Pkwy, #201

Henderson

NV 89052

Street Name, Number

City

State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

☒

Signature of Registered Agent

Date:

01/08/2016



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Rudy R. Manthei D.O. President Telephone: 702-589-5131

Mailing Address: 3005 West Horizon Ridge Pkwy, #201 Henderson NV 89052
Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address:

Street Name, Number City State Zip Code

SUBMITTED BY:

X 
Signature of Representative of Group

Printed Name:
Rudy R. Manthei D.O.

Date: 01/08/2016 Telephone: 702-589-5131